

## Texas Council on Cardiovascular Disease and Stroke (TCCVDS)

Monday, November 4, 2024

1:30p.m.

**FINAL**

Virtual: Teams Meeting Platform  
In Person Meeting Site: Robert D. Moreton Building  
Room M-100, First Floor  
1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756

### Agenda Item 1: Call to order, introductions, roll call, and welcoming remarks

Suzanne Hildebrand, Chair, called the Texas Council on Cardiovascular Disease and Stroke (TCCVDS) meeting to order at 1:31 p.m. Ms. Suzanne Hildebrand, Chair, welcomed committee members, agency staff, and the public in attendance.

Ms. Jacqueline Thompson, Advisory Committee Coordination Office, Health and Human Services Commission (HHSC) read the logistical announcements and stated the meeting was being conducted in accordance with the Texas Open Meetings Act. Ms. Jacqueline Thompson conducted the member roll call and announced the presence of quorum.

**Table 1: The Texas Council on Cardiovascular Disease and Stroke member attendance at the Monday, November 4, 2024, meeting.**

Member name	Attended	Member name	Attended
Dr. Elie Balesh	N	Dr. Alberto Maud	Y
Dr. Stanley Duchman	Y	Ms. Remmy Morris	Y
Ms. Janett Hall-Hewlett	Y	vacant	
Ms. Suzanne Hildebrand, Chair	Y	<b>Non-Voting Members</b>	
Dr. Sherron Franks-Meeks	N	Ms. Karen Brajcki, TWC	N
Dr. E'Loria Simon-Campbell	Y	Ms. Chelsea Couch, HHSC	Y
Ms. Lourdes Cuellar	N	Dr. Kelly Fegan-Bohm, DSHS	Y
Dr. Oscar Aguilar	Y		

## **Agenda Item 2: Consideration of August 5, 2024, draft meeting minutes**

- Ms. Suzanne Hildebrand, Chair, referred members to the draft minutes emailed by the program liaison and called for any edits. Hearing none, Ms. Hildebrand called for a motion to approve the minutes of the August 5, 2024, meeting.

**Motion:** Dr. Duchman made a motion to approve the August 5 minutes as presented. Drs. Maud and Aguilar seconded the motion. Following a roll call vote, the motion passed by a majority vote with 7 yeas (Duchman, Hall-Hewlett, Hildebrand, Maud, Aguilar, Morris, Simon-Campbell), 0 nays, and 3 absent (Franks-Meeks, Balesh, Cuellar).

**Agenda Item 3: Presentation: Transforming Neurovascular Programs with AI: The Evolving Landscape of Neuroendovascular Therapy-** Dr. Lee Birnbaum, MD, MS, Professor of Neurology, Neurosurgery, and Radiology, Ross J. Sibert Research Fund Distinguished Chair, Vascular Neurology Fellowship Director, CNS Endovascular Fellowship Co-Director, University of Texas Health San Antonio

Highlights from the presentation:

- Multiple facilities and EMS agencies participated in a study to see if paramedics could be taught the VAN stroke assessment in the prehospital setting.
  - The result was that paramedics could be taught the VAN stroke assessment and overall patient care was improved.
  - Additional information may be found in the journal article, *Paramedic utilization of Vision, Aphasia, Neglect (VAN) stroke severity scale in the prehospital setting predicts emergent large vessel occlusion stroke.*
- The Lone Star Stroke Consortium is a geographically diverse network of academic medical centers and community hospitals conducting research with the goal of improving the health of all Texans affected by stroke and cerebrovascular disease.
  - The Lone Star Stroke Consortium is affiliated with: UT Health San Antonio, Baylor College of Medicine, UTHouston, The University of Texas at Austin Dell Medical School, Texas Tech University Health Sciences Center, and UT Southwestern Medical Center.
  - The Consortium conducted a study where tenecteplase and alteplase were compared in acute ischemic stroke treatment. The results were published.
  - Tenecteplase improves door-to-puncture times.
- Taking a patient directly to an angio suite has shown to save time and improve odds in 90-day functional independence.
- AI has proven to accelerate decision making by avoiding redundant CTP scans for faster patient care with perfusion capabilities directly on the biplane C-Arm, facilitating clinical decision making immediately pre and post neuro-interventional procedure, and provides clear, easy to interpret qualitative perfusion maps in minutes.
- AI helps with hemorrhagic stroke care.
- Cerebral aneurysm care is where a lot of the technology is moving.
  - Some aneurysms can be small and are missed.
  - Inconsistencies and inaccuracies in detecting growth via manual measurement.
  - Keeping patients in network.

**Agenda Item 4: Consideration of Texas Administrative Code, Title 25, Part 15, Chapter 1051, Rule Amendment Project-** Ms. Julie Ketelsen, Council Liaison, DSHS

- During the previous three council meetings, council members voted to review the Texas Administrative Code rules, delegate the review process to DSHS staff, and publish the Notices of Adopted and Proposed Rule Reviews in the Texas Register.
- As delegated by the Council, DSHS completed the 4 Yr. Rule Review Worksheet. Council members voted to approve the 4 Yr. Rule Review Worksheet and Notice of Adopted and Proposed Rule Review during the August 5 council meeting.
- The agency determined that the original reasons for adopting the rule in the chapter continue to exist and proposes to readopt and make amendments to Chapter 1051.
- During today's council meeting, members will need to put forward a motion to adopt opening a Rule Amendment Project based on the proposed amendments that were adopted during the 4Yr Rule Review.
- To be clear, everything the Council has voted on so far is related to the rule review process. Now that is complete and the rule review process determined amendments are needed, we are moving into the rule amendment phase, if Council so votes.
- For reference, the rules were last reviewed in 2007.
- Ms. Hildebrand, Chair, requested a motion to adopt opening a Rule Amendment Project based on the proposed amendments adopted during the 4Yr. Rule Review.

**Motion:** Dr. Duchman made a motion to adopt opening a Rule Amendment Project. Ms. Hall-Hewlett and Dr. Maud seconded the motion. Following a roll call vote, the motion passed by a majority vote with 7 yeas (Duchman, Hall-Hewlett, Hildebrand, Maud, Aguilar, Morris, Simon-Campbell), 0 nays, and 3 absent (Franks-Meeks, Balesh, and Cuellar).

**Agenda Item 5. Agency Representative Reports**

**A. Department of State Health Services-** Dr. Kelly Fegan-Bohm, Medical Director and Ms. Nimisha Bhakta, Health Promotion and Chronic Disease Prevention Section Director

**DSHS HDSP Staffing Updates**

- The Diabetes and CVD Branch Manager position is currently conducting interviews and we hope to hire soon.

**CDC Grants**

- University of Texas Health Science Center at Tyler successfully set up Epic CareLink referral system in Tucker Family Medicine. This was a huge win because Tucker Family Medicine has never sent an electronic health record referral and previously used fax machines. The Tucker Family Medicine will now be able to use Epic CareLink referral system for communication with clinical care team members regarding patient progress with hypertension and high cholesterol.
- The University of Texas Health Science Center at Houston completed the Healthy Heart Ambassador-Blood Pressure Self-Monitoring implementation guide that addresses identified barriers to implementation. Also, successfully published a paper "[Implementation of Healthy Heart Ambassador to Improve Blood Pressure Control at Community Health Centers in Texas](#)". The article describes several barriers towards implementation and strategies to overcome those barriers.

### **Cardiovascular Disease & Stroke Learning Collaborative (LC)**

- The LC Steering Committee developed two workgroups (Membership Workgroup and Census Tract Workgroup). The Learning Collaborative will begin recruiting co-chairs and members for each work group to launch in 2025.
  - The **Membership Work Group** will focus on recruitment of partners for the LC from the census tracts of focus and will create a partner survey to assess the makeup of the LC.
  - The **Census Tract Work Group** will provide region-specific technical assistance to contracted partners. The priorities will shift over time as the Learning Collaborative provides technical assistance to contracted partners. At this time, its focus will be on East Texas. The UTHealth East Texas team will present the final draft of their team-based care guidance document to the LC for feedback.
- If you would to be part of the Learning Collaborative and/or participate in these workgroups, please e-mail Heart Disease and Stroke Program at [cardio@dshs.texas.gov](mailto:cardio@dshs.texas.gov)

### **Heart Disease and Stroke Program (HDSP) Updates:**

- The HDSP will publish the next edition of the HDSP newsletter by November 20, 2024. If you would like for us to add your resources in our newsletter or be added to the distribution list, please email [cardio@dshs.texas.gov](mailto:cardio@dshs.texas.gov).
- The Texas Council on Cardiovascular Disease and Stroke State Plan was published.
- Thanks to the Heart Disease and Stroke Prevention team for all their hard work!
- The document may be accessed at <https://www.dshs.texas.gov/about-dshs/legislative-information/legislative-reports/dshs-legislative-reports-2024>.
- Julie will send a copy of the State Plan and the link to council members.

### **B. HHSC- Ms. Chelsea Couch, Aging Texas Well Coordinator**

- HHSC ASC oversees a variety of initiatives to prepare individuals and communities for aging.

### **No Wrong Door Grant**

- In September 2022, the HHSC ASC received funding from the Administration for Community Living to assess and strengthen the state's No Wrong Door (NWD) system. This project is now moving into the implementation phase.
- For more information about the NWD project, email [Chelsea.Couch@hhs.texas.gov](mailto:Chelsea.Couch@hhs.texas.gov).

### **Statewide Interagency Aging Services Coordinating Council**

- The Statewide Interagency Aging Services Coordinating Council (SIASCC) was established by [H.B. 728](#) of the 88th legislature, regular session to ensure a coordinated interagency approach to aging services.
- Visit [SIASCC](#) to learn more about the council and to download council reports.

### **C. Texas Workforce Commission- Ms. Karen Brajcki, Program Specialist – Physical Disabilities**

- There were no updates.

## **Agenda Item 6: Liaison Reports**

**a. American Heart/American Stroke Association coverage update-** Mr. Alec Puente, Director of Governmental Relations

### **AED & CPR Policy**

- Goal: Double the survival rate of sudden cardiac arrest by 2030.
- Nation of Lifesavers: new multi-year initiative to ensure teens and adults learn about CPR and AED use; share knowledge with friends and family; and engage employers, policymakers, and the community to create support.
- Two pilot regions in Texas: Tarrant County & Nueces County

### **New Guidelines re: Stroke and Lifestyle**

- Aim is to close gender gaps in CVD diagnosis and treatment.
- Each year in the United States, over half a million people have a stroke for the first time.
- Included in 2024 Guideline for the Primary Prevention of Stroke, replacing the 2024 Guidelines.
  - Urges health professionals to screen for risk factors like high blood pressure, elevated cholesterol, high blood sugar, and obesity.
  - Highlights Life's Essential 8 health metrics for optimal cardiovascular and brain health, medications for risk factor management, risks specific to women and ways to address social determinants of health.

### **Cardiovascular-Kidney-Metabolic Health (CKMH) Initiative**

- Four-year initiative to assess gaps in care and identify opportunities for research.
- Initiative supported by Novo Nordisk and Boehringer Ingelheim to assess gaps in care, ID areas for further research, and implement screening recommendations and guidelines to provide definitive advice for treatment.
- Collaborating with American College of Physicians, American Diabetes Association, American Society of Nephrology, National Kidney Foundation, and STOP Obesity Alliance.

### **HeartCorps**

- Factors for County Selection
  - Rural population <50,000
  - Need: hypertension prevalence, uninsurance rate, high-priority populations
  - Capacity: relationships with potential host sites
  - Proximity: recruiting has been a challenge for Service Members who may be willing to relocate, as housing may not be available. Shifting locations to larger (but rural) counties that serve surrounding area/counties

### **Collaboration for Equitable Health**

- Collaboration between leading organizations aim to improve health outcomes in communities of color.
- Focus on three key areas: education and capacity building for health system, partners, and patients; increasing access to health screenings and preventive care; and advocating for policies that ensure fair opportunities and resources with state and local leaders.

- Recent update to San Antonio’s Complete Street ordinance was spearheaded by the Collaboration and included in the City’s FY 2025 budget.

**Food is Medicine (FIM) Progress**

- 23 Pilot Studies currently underway seeking to provide large-scale clinical evidence for integrating Food is Medicine (FIM) into the healthcare systems. Led by Dr. Kevin Volpp, director of the Center for Health Incentives and Behavioral Economics at University of Pennsylvania School of Medicine.
- Agreed on calls to action aimed at identifying what FIM interventions are working; defining interventions in explainable terms; standardizing interventions; amplifying existing evidence; improving patient engagement and education.

**b. Office of Acquired Brain Injury**

- There were no updates.

**c. Governor’s EMS and Trauma Advisory Council (GETAC)**

**i. GETAC Cardiac Care Committee** Dr. David Wampler, Professor of Emergency Health Sciences, UT Health San Antonio

- Looking at door in door out times (DIDO) specifically on STEMI patients within rural Texas communities that are transferred to tertiary care centers.
- Also looking at thrombolysis prior to transfer to help with decision making and creating best practices.
- Trying to improve participation in the CARES registry.
  - National quality data set for cardiac arrest that looks at pre-hospital and hospital outcomes.
  - State of Texas adopted the CARES process a few years ago.
  - Large metropolitan agencies in Texas have contributed to CARES.
  - The GETAC Cardiac Care Committee is working on increasing participation among rural agencies.
  - Historically, everything that is known about cardiac arrest survival is from the data published by larger agencies. Very little is known about cardiac arrest survival in rural Texas.

**ii. GETAC Stroke Committee** Dr. Novakovic-White, Professor of Radiology and Neurology, UT Southwestern

- Data was shared from Get with The Guidelines (GWTG).
- GETAC Stroke Committee Stroke Metrics
  - Median Door to Needle
    - 39 minutes for Texas compared to 40 minutes nationally
  - Median DIDO for Acute Therapy Eligible Patients
    - 144 minutes for Texas compared to 135 minutes nationally
  - EMS Stroke Severity Screening for LVO
    - 16.3% for Texas compared to 17% nationally
  - EMS Pre-arrival Notification
    - Slightly < 60% for Texas compared to approximately 60% nationally

**Agenda Item 7: 2025 Stroke Survivors and Caregivers Conference** Dr. Alberto Maud, council member

- Planning on hosting a one-day 2025 conference in El Paso.
- Intention is for attendees to be stroke survivors and their family members.

**Agenda Item 8: Review of action items and agenda items for November 4, 2024, meeting**

- Discussion of a stroke survivors and caregivers conference will be an agenda topic at the next meeting.

**Agenda Item 9: Upcoming Meeting Dates**

- February 10, 2025
- May 12, 2025
- August 11, 2025

**Agenda Item 10: Public Comment**

No one registered for public comment.

**Agenda Item 11: Adjourn**

Ms. Hildebrand thanked members for attending, DSHS and HHSC staff, and members of the public who attended. Ms. Hildebrand adjourned the meeting at 3:03 p.m. CST.

Please click on the link to the archived HHSC webcast of the November 4, 2024, Texas Council on Cardiovascular Disease and Stroke meeting that will be available for viewing for approximately two years from the date of the meeting.

<https://texashhsc.v3.swagit.com/videos/319156>